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(Requestor's Name)

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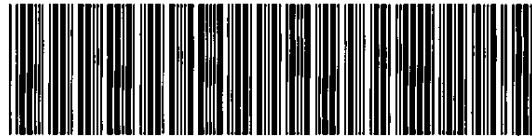
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 26 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDSOFT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark G. DiCowden
Name of Person

Mark G. DiCowden, P.A.
Firm/Company

2785 NE 183rd Street, Suite 600
Address

Aventura, FL 33160
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mark G. DiCowden at (**305**) **931-5260**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
MEDSOFT, LLC

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ARTICLE I

The name of the limited liability company formed hereby is MEDSOFT, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual

ARTICLE III

The principal place of business and the mailing address of the Limited Liability Company shall be as follows:

2800 Island Boulevard
Suite 1601
Aventura, Florida 33160

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida shall be as follows:

Mark G. DiCowden
2785 NE 183 Street
Suite 600
Aventura, Florida 33160

ARTICLE V

The Managing Members authorized to manage the Liability Company shall be:

MEDICAL COST MANAGEMENT, INC.
2800 Island Boulevard
Suite 1601
Aventura, Florida 33160

FINANCIAL INFRASTRUCTURE MANAGEMENT, INC.
1000 Island Boulevard
Suite 1202
Aventura, Florida 33160

MEDSOFT, LLC



By: Charles B. Radlauer, M.D., J.D., President
For: MEDICAL COST MANAGEMENT, INC.
For: MEDSOFT, LLC
Its: Managing Member


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STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared Charles B. Radlauer, M.D., J.D., President of MEDICAL COST MANAGEMENT, INC., Managing Member of MEDSOFT, LLC, who is personally known to me, to be the person who executed the foregoing Articles of Organization.

MM In witness whereof I have hereunto set my hand and official seal of this 19 day of MM, 2009.

NOTARY PUBLIC-STATE OF FLORIDA
Mark G. DiCowden
Commission # DD790322
Expires: MAY 20, 2012
BONDED THRU ATLANTIC BONDING CO., INC.



Notary Public
Print name: MARK DICOWDEN

CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT AND
ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the flowing statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is MEDSOFT, LLC.
2. The name and address of the Registered Agent and Office is:

Mark G. DiCowden
2785 NE 183 Street
Suite 600
Aventura, Florida 33160

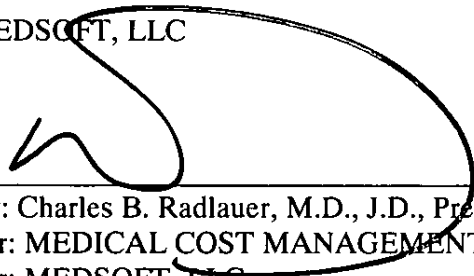
Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered Agent.



Mark G. DiCowden, Registered Agent

Date: MAY 19, 2009

MEDSOFT, LLC



By: Charles B. Radlauer, M.D., J.D., President
For: MEDICAL COST MANAGEMENT, INC.
For: MEDSOFT, LLC
Its: Managing Member

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